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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/547,540	04/12/2000	William Allocca	23984-13942	5837

758 7590 11/28/2008
FENWICK & WEST LLP
SILICON VALLEY CENTER
801 CALIFORNIA STREET
MOUNTAIN VIEW, CA 94041

EXAMINER

GARG, YOGESH C

ART UNIT	PAPER NUMBER
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3625

MAIL DATE	DELIVERY MODE
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11/28/2008

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

FENWICK & WEST LLP
 SILICON VALLEY CENTER
 801 CALIFORNIA STREET
 MOUNTAIN VIEW, CA 94041

Appeal No: 2008-4062
 Appellant: William Allocca, Jordan Hay, ET AL..
 Application No: 09/547,540
 Hearing Room: B
 Hearing Docket: B
 Hearing Date: Thursday, January 15, 2009
 Hearing Time: 09:00 AM
 Location: Madison Building - East Wing
 600 Dulany Street, 9th Floor
 Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
 CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

 Signature of Attorney/Agent/Appellant

 Date

 Registration No.

Names of other visitors expected to accompany counsel: _____

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